

Dallas County

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Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

- Overweight/obesity ranked as the number one issue among survey respondents with 80.4% believing it should be a priority and it emerged as the most popular recurring theme during community conversations. Based on the 2009 BRFSS: 70.4% of adults are overweight/obese; only 48.8% engage in regular physical activity; and, only 19.3% consume 5 or more fruits/vegetables per day.
- 52% of survey respondents believe that mental health should be a priority; yet, 47% of respondents were not aware of mental health resources.
- 70.9% of survey respondents believe substance abuse should be a priority and it emerged as the third most popular theme during community conversations. Only 49.6% were aware of resources to address substance abuse. Currently, approximately 50%, of those seeking services, must wait for more than 7 days to receive services.
- Dallas County youth currently using: alcohol 16%; tobacco 10%; other drugs 11%.

Prevent Injuries

Problems/Needs:

- 54.8% of county survey respondents believed child safety education should be a priority and only 28.8% of survey respondents were aware of resources regarding this issue.
- 51.3% of county survey respondents believed domestic violence should be a priority and only 46.5% of survey respondents were aware of resources regarding this issue.

Protect Against Environmental Hazards

Problems/Needs:

- Need for a cleaner environment was mentioned during community conversations: air quality (hog lots & Tyson); cleaner water; storm sewers; dogs/cats confined; streets, houses & yards kept up better.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

None identified

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

None identified

Strengthen the Public Health Infrastructure

Problems/Needs:

- Access to care was the 2nd most popular recurring theme identified and more than 50% of survey respondents felt it was a priority; but, only 47% were aware of resources to address the issues of access to care. Access to care was the 2nd most popular theme during community conversations with specific barriers of: no insurance, underinsured, no preventive benefits, specialized care, language, transportation, paperwork, and complicated systems difficult to understand.

Community Health Improvement Plan

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|---|--|------------------------------|
| Increase the percentage of Dallas County adults who consume 5 or more fruits/vegetables per day by a 1% increment each time the BRFSS asks this question (2011, 2013, 2015). | Have a fruit and vegetable booth with samples and items for sale at 3 town celebrations throughout Dallas County annually. | Conservation; Extension; Public Health | Annually 2011 – 2015 |
| | Create recipe cards that can be provided to consumers at Farmer's Markets, WIC, food pantries, grocery stores, and Angel Food Ministries. | Extension; Public Health | Annually by June 2011 – 2015 |
| | Provide community garden information (start- up and funding) to city administrators to pass on to potential interested groups. | Extension; Public Health; Planned Parenthood | 2012 |
| | Use Dallas County Public Health and Dallas County Resource web pages to provide links to websites with healthy nutritional information and recipes. | Extension, Public Health | July 2011 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|--|------------------------------|---|
| Increase the percentage of Dallas County adults who engage in regular physical activity by a 1% increment each time the BRFSS asks this question (2011, 2012, 2013, 2014, 2015). | Promote Live Healthy in 1 town per year for the next 5 years. | Public Health | Annually starting Fall of 2011 – 2015 |
| | At 2 town celebrations each year, promote information about Live Healthy Iowa and other physical activity resources. | Conservation | Annually starting summer of 2011 – 2015 |
| | Use Dallas County Public Health and Dallas County Resource web pages to provide links to websites with information on physical activity. | Public Health | January 2012 |
| | Promote Raccoon River Valley Trail to residents of Perry. | City of Perry; Public Health | Summer of 2011 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|---|---|-----------------------------|
| By 2015, public awareness of resources to address the issues of access to care will increase by 5%. | Promote Dallas County Resource Directory website to healthcare providers, community agencies, and the general public; and, measure the effectiveness by number of website hits. | Public Health | Continually 2011 – 2015 |
| | Define the roles of key stakeholders (i.e. HRTA, DHS, United Way, Hispanics United for Perry, DCAT, Ministerial Assoc.). | Public Health and identified stakeholders | January 2011 - January 2012 |
| | Promote/educate health providers regarding the health navigation program. | Public Health | Continually 2011 - 2015 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|--|---------------------|-------------------------|
| By 2015, the effectiveness of a shared utility, health navigation, to assist with access to care barriers will be demonstrated; 75% of health navigation tier 1 clients will pursue resources to which they have been referred to achieve the desired result. | Utilize individual screening tool to determine needs/barriers for accessing health related services and designate tier 1 and tier 2 clients. | Public Health | Continually 2011 – 2015 |
| | Track tier 1 clients to determine the percentage that pursue resources to achieve the desired result. | Public Health | Continually 2011 – 2015 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|---|--|------------------------------|
| By 2015, mental health resource awareness will increase by 10%. | Develop and promote a definition of mental health/good brain health | Community Services; Woodward Granger school liaison; Abilities Unlimited; West Central Mental Health; Integrative Counseling Solutions | February 2011 |
| | Plan and implement promotion to educate the public in regard to mental health/good brain health and resources by developing a tool kit that includes: tag line, PowerPoint presentation, resource directory, list of key contacts and script. | Community Services; Perry school liaison; Integrative Counseling Solutions; Empowerment | July 2011 |
| | Utilize tool kit to deliver message to the public (schools, law enforcement, policy makers, employers, civic groups, etc.) to increase understanding. | Community Services; West Central Mental Health; Genesis, Abilities Unlimited; School liaisons; Integrative Counseling Solutions | Continually July 2011 - 2015 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|---|---------------------|------------------|
| By 2015, 75% of Dallas County residents, seeking substance abuse treatment services, will be able to receive services within 7 days. | Collaborate with current providers to validate current baseline of each provider and determine a standardized system for measurement. | Zion; A1 Recovery | July 2011 |
| | Identify and address barriers to receipt of treatment focusing on language and staff availability. | Zion; A1 Recovery | July 2012 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|---|---|------------------|
| Decrease youth use of ATOD by 1% in each category (alcohol, tobacco, other drugs) by 2015. | Identify organizations and community partners providing prevention services to caregivers of youth and type of service provided. | EFR; American Lung; Public Health; other stakeholders (schools, churches, law enforcement, media, businesses, SA organizations) | July 2011 |
| | Determine best methods of providing prevention outreach (focusing on evolving/out of box methods and overcoming language barriers). | EFR; American Lung; Public Health; other stakeholders (schools, churches, law enforcement, media, businesses, SA organizations) | January 2012 |
| | Implement determined outreach methods, increasing prevention outreach services to caregivers o youth by 50%, | Public Health; other | 2012 - 2015 |

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| | | stakeholders and community partners (schools, churches, law enforcement, media, businesses, SA organizations) | |
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